

# Hospital Logo

Patient Name:	<b>Priority Test</b>	Ref. Physician:	<b>Refertante Medico</b>
Patient ID:	<b>12309755</b>	Report Date:	<b>5/18/2023 9:23 AM</b>
Date Of Birth:	<b>1/22/1989</b>	Accession:	<b>5955790047</b>
Gender:	<b>F</b>	Procedure:	<b>RX Polso</b>
Age:	<b>26Y 11M</b>		

**Test valore priorità**